



**CITY OF EL PASO
DEPARTMENT OF ENVIRONMENTAL SERVICES
ANIMAL SERVICES
5001 Fred Wilson Dr. El Paso, Texas 79906
(915) 842-1000 Fax (915) 842-1008**



**APPLICATION: PERMIT to SELL ANIMALS
(7.24.050, 7.24.060, 7.24.070, 7.24.090, 7.24.0100, 7.24.110)**

Business Name: _____ **Phone:** _____

Property Address: _____

City/State/Zip: _____

Mailing Address (if different from above): _____

City/State/Zip: _____

Owner Name: _____ **Phone:** _____

Owner Address: _____

City/State/Zip: _____

Square Footage Area: _____

Please initial the following declarations:

- _____ I am the Owner or Manager/Asst. Manager of the above business.
- _____ I hereby affirm that I have read and understand Title 7 of the El Paso City Code governing the selling of animals within the City of El Paso.
- _____ I authorize the City of El Paso and/ or his designee to inspect the property at any reasonable hour and establish requirements, restrictions or limitations concerning the sale of animals.
- _____ I understand that I must maintain records and inventory log on all animals displayed and sold on these premises in compliance with Title 7 of the El Paso City Codes.

Applicant Signature: _____ **Date:** _____

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List of Animals to be Sold

[illegible]